PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of Information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Num	ber	10/538,014-Conf. #8889		
FEE TRANSMITTAL				Fiting Date		June 7, 2005		
- · ·				First Named Inve	entor	Toshiaki KAMBE		
For FY 2009				Examiner Name		I. Marx		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1651			
TOTAL AMOUNT OF PAYMENY ((\$) 1,110.00		Attorney Docket No.		0230-0226PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Cther (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
The charge and additional fee(s) or underpayments of Tax Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING		SEA	ARCH FEES	EXAMI	NATION FEES		
Application Type Fe	e (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
Utility 3	330	165	540	270	220	110		
•	220	110	100	50	140	70		
-	220	110	330	165	170	85		
	330	165	540	270	650	325		
	220	110	0	0	0	0		
2. EXCESS CLAIM FEES	220	110	Ü	ū	•	Ů		Small Entity
Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims Extra Cl	I Claims		Fe	ee Paid (\$)		Multiple Dependent Claims		
2 - 20 or HP	x_				E	ee (\$) <u>F</u>	ee Paid (\$	1
HP = highest number of total claims paid for, if greater than 20.								_
Indep. Claims Extra Cl	aims I	ee (\$)	F6	e Paid (\$)				
	×			 				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.15(s).								
Total Sheets Extra S	heets	<u>Number o</u>	feach a	<u>dditional 50 or fract</u>	tion there	of <u>Fee (\$)</u>	Fee F	Paid (\$)
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(\$) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00								
SUBMITTED BY								
Signature	the	12	na	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205	5-8000
Name (Print/Type) Marc S. Weine	er		!	A STATE OF THE PARTY OF		Date JAN	2 2 20	na